Schedule A (Employment Record)

Last name	First name	Middle name or initial

Account for the entire period of your employment in the actuarial profession within the last 10 years.

Block	1. Dates of employment *(mm-yyyy)* From To	2. Exact title of position	3. Type of business or organization

4a. Provide the name, position title, address, email address (if known), and telephone number of your immediate supervisor who can certify your responsible actuarial experience.

4b. If your experience includes responsible pension actuarial experience and your immediate supervisor is not an enrolled actuary, also provide the name, position title, address, email address (if known), and telephone number of an enrolled actuary who can certify your responsible pension actuarial experience.

5. Name of employer and address.

6. In your own words, describe IN DETAIL your actual duties and responsibilities in the above employment. Be sure to include all relevant duties and responsibilities relating to those described in section 901.1. Estimate the proportion of the total period devoted to each type of duty and responsibility.

6(A) How many months of this employment constitute "responsible actuarial experience" as defined in section 901.1(c)? _____ Month(s)

6(B) How many months of "responsible pension actuarial experience" as defined in section 901.1(e) are included in 6(A) above? _____ Month(s)